PTO/SB/22 (10-08)
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | | Docket Number (Optional) | |
|---|------------------------|---------------------|---|------------------|
| FY 2009 | | | 293 | 42/35754B |
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | | | |
| Application Number 10/521,393-Conf. #2196 | | Filed July 21, 2005 | | |
| For MODIFIED PICTET-SPENGLER REACTION AND PRODUCTS PREPARED THEREFROM | | | | |
| Art Unit 1624 | | | Examiner | Not Yet Assigned |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | |
| promoterous | | <u>Fee</u> | Small Entity Fee | 2 |
| x One month | n (37 CFR 1.17(a)(1)) | \$130 | \$65 | \$ 130.00 |
| Two month | ns (37 CFR 1.17(a)(2)) | \$490 | \$245 | \$ |
| Three months (37 CFR 1.17(a)(3)) | | \$1110 | \$555 | \$ |
| Four mont | ns (37 CFR 1.17(a)(4)) | \$1730 | \$865 | \$ |
| Five month | ns (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. | | | | |
| A check in the amount of the fee is enclosed. | | | | |
| x Payment by credit card. | | | | |
| | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-2855 | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. | | | | |
| Provide credit card information and authorization on PTO-2038. I am theapplicant/inventor | | | | |
| applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. | | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | |
| x attorney or agent of record. Registration Number | | | 32,361 | |
| attorney or agent under 37 CFR 1.34. | | | | |
| Registration number if acting under 37 CFR 1.34 | | | *************************************** | |
| Janes St Gal | | | Octobe | er 27, 2008 |
| V Signature | | | Date | |
| James J. Napoli | | | (312) 474-6300 | |
| Typed or printed name Telephone Number | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | |
| Total of | 1 forms are subm | itted. | | |
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